Introduced by Senator Cedillo

February 22, 2006

An act to amend Section 14550 of the Welfare and Institutions Code, relating to adult day health care.

LEGISLATIVE COUNSEL'S DIGEST

SB 1439, as introduced, Cedillo. Medi-Cal: adult day health care: meals.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Services and under which qualified low-income persons receive health care benefits, including, for certain beneficiaries, adult day health care benefits.

Existing law establishes the adult day health care program, in which adult day health care centers may participate upon certification by the department.

The program is administered pursuant to an interagency agreement between the department and the California Department of Aging, and program services are a covered Medi-Cal benefit. Existing law requires participating centers to offer specified services, including nutrition services, and requires that these nutrition services include a minimum of one meal per day, of a specified quality and quantity.

This bill would require that those nutrition services include a minimum of 2 meals per day, of the specified quality and quantity.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 14550 of the Welfare and Institutions
- 2 Code is amended to read:

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 14550. Adult day health care centers shall offer, and shall provide directly on the premises, at least the following services:

- (a) Rehabilitation services, including the following:
- (1) Occupational therapy as an adjunct to treatment designed to restore impaired function of patients with physical or mental limitations.
- (2) Physical therapy appropriate to meet the needs of the patient.
- (3) Speech therapy for participants with speech or language disorders.
- (b) Medical services supervised by either the participant's personal physician or a staff physician, or both, which emphasize prevention treatment, rehabilitation, and continuity of care and also provide for maintenance of adequate medical records. To the extent otherwise permitted by law, medical services may be provided by nurse practitioners, as defined in Section 2835 of the Business and Professions Code, operating within the existing scope of practice, or under standardized procedures pursuant to Section 2725 of the Business and Professions Code, or by registered nurses practicing under standardized procedures pursuant to Section 2725 of the Business and Professions Code.
 - (c) Nursing services, including the following:
- (1) Nursing services rendered by a professional nursing staff, who periodically evaluate the particular nursing needs of each participant and provide the care and treatment that is indicated.
- (2) Self-care services oriented toward activities of daily living and personal hygiene, such as toileting, bathing, and grooming.
 - (d) Nutrition services, including the following:
- (1) The program shall provide a minimum of one meal two meals per day, each of which is shall be of suitable quality and quantity as to supply at least one-third of the daily nutritional requirement. Additionally, special diets and supplemental feedings shall be available if indicated.
- (2) Dietary counseling and nutrition education for the participant and his or her family shall be a required adjunct of such service. Dietary counseling and nutrition education may be provided by a professional registered nurse, unless the participant is receiving a special diet prescribed by a physician, or a nurse determines that the services of a registered dietician are necessary.

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(e) Psychiatric or psychological services which include consultation and individual assessment by a psychiatrist, clinical psychologist, or a psychiatric social worker, when indicated, and group or individual treatment for persons with diagnosed mental, emotional, or behavioral problems.

- (f) Social work services to participants and their families to help with personal, family, and adjustment problems that interfere with the effectiveness of treatment.
- (g) Planned recreational and social activities suited to the needs of the participants and designed to encourage physical exercise, to prevent deterioration, and to stimulate social interaction.
- (h) Transportation service for participants, when needed, to and from their homes utilizing specially equipped vehicles to accommodate participants with severe physical disabilities that limit their mobility.
- (i) Written procedures for dealing with emergency situations. These written procedures shall include either of the following:
 - (1) The use of a local 911 emergency response system.
- 20 (2) All of the following elements:

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- 21 (A) The name and telephone number of a physician on call.
 - (B) Written arrangements with a nearby hospital for inpatient and emergency room service.
 - (C) Provision for ambulance transportation.